

anything other than rose-rash concurrent with scarlet fever. 3. There is no proof that the third and last series of cases of supposed "fourth disease" included anything other than simple scarlet fever. Indeed, the evidence given points to its being so.

It would be rash to deny the possibility of an unrecognised disease existing and closely resembling scarlet fever though distinct from rose-rash; but very much stronger proof must be forthcoming than any yet adduced by Dr. Dukes before it can be admitted that he has discovered and identified such a disease.

I am, Sirs, yours faithfully,

C. KILLICK MILLARD, M.D., D.Sc. Edin.,
Late Medical Superintendent, Birmingham Fever
Hospital.

Town Hall, Burton-on-Trent, Oct. 27th, 1900.

MEDICAL SERVICE IN THE HIGHLANDS AND ISLANDS OF SCOTLAND."

To the Editors of THE LANCET.

SIRS,—Poor-law medical officers in the highlands and islands of Scotland are again greatly indebted to you for your able and outspoken leading article in THE LANCET of Oct. 20th (p. 1144). Could such an exposition find its way to our legislators our condition would probably soon be remedied. Our thanks are none the less due to Dr. William Bruce, than whom none knows our condition better, for his letter in THE LANCET of the same date (p. 1163). He states the remedies clearly and practically, but with all respect to his wide experience and matured judgment I would like to comment on the following points. Regarding his second proposal there are no objections but the difficulty of getting the Government to pass a Bill in our favour, and to endeavour to obtain this is precisely our intention. Of course, parish councils will object, hence the futility of consulting them. One half of them will not admit our grievances and the other half cannot see them, but both sections will immediately unite to prevent us by every means in their power from getting our rights. Poor-law medical officers have not been under the heel of parochial boards and parish councils all these years without fully estimating the latent possibilities of these gentlemen. The other and graver difficulty is the fact that only two or three men amongst us will have the whole fighting to do and have a host of parish councils against us, then the question arises, which will the Government believe?

Dr. Bruce says: "Seeing that the public at large really helps to pay for medical attendance to all and sundry in these parishes it ought to have its say in making and unmaking these appointments." Given an average parish of from 2000 to 3000 inhabitants with a pauper roll of, say, 70 and the payment to the medical officer from the parish funds alone on an average of £20 to £25 (which is only sufficient to keep his horse), ought these to have a say in the making and unmaking of appointments? A medical man receiving such a trifle is practically giving his services to that parish. I admit that he gets the other half of his salary from the medical relief grant and a precarious income from private practice, but with these the public at large (I mean the ratepayers of this said parishes) have nothing whatever to do. Even in private practice in these parishes a humane doctor cannot possibly charge what would remunerate him for his services. That trifling amount from the parish funds, besides partly remunerating him for attendance on paupers, has to cover attendance and medicine to all and sundry non-pauper—poor folk who cannot pay him. He has also to visit the different districts periodically, so that his services may be at the disposal of everyone. The above facts form the basis of our argument for an increased salary.

Regarding the suggestion that the Local Government inspecting officer would see justice done to the parish medical officer, I am afraid that during his summer trip to the highlands and islands he would be unable to settle disputes between parish councils and their medical officer; but how he could be constituted a judge of the professional competence or incompetence of a medical man either before or after his appointment by the parish is a question which, I think, admits of an obvious answer. I again offer my thanks to you and also to Dr. Bruce for your ready sympathy and interest in our cause.—I am, Sirs, yours faithfully,

HENRY PEARSON TAYLOR, M.B., C.M. Aberd.

Reafirth, Mid Yell, Shetland, Oct. 26th, 1900.

"AUTO-INFECTION THROUGH THE MOUTH A POSSIBLE CAUSE OF RELAPSES IN ENTERIC FEVER."

To the Editors of THE LANCET.

SIRS,—I was much interested by Mr. G. W. Ord's letter on this subject in THE LANCET of Oct. 13th (p. 1097). I not only agree with his views in this particular connexion but I am satisfied that physicians may trace many cases of self-poisoning in various infective diseases to the same source. Nay, more, I would go further, and add that I am satisfied, from experience, that an unhealthy state of the mouth is a fertile and very common cause of ill health. We are all agreed upon the importance of wholesome fresh air in contending with tuberculous and other cachexias from the poisonous effect of re-breathed air, sewer-gas, and the like. What, then, are we to anticipate when every breath which a patient draws is infected, more or less, by an unhealthy state of the mouth? Of latter years I have made it a habit to examine the mouths of all patients, and in a large proportion of cases I find quite enough there to account for bad health.

To give a single instance in illustration I will quote the case of a young man who was sent to me last year from the county of Wexford for advice about apprehended phthisis. This youth was in a very low and markedly marasmic state. On examining his chest I failed to detect any morbid change. On bringing him over to the window to examine his mouth I found 14 carious teeth in the upper jaw, exhaling a fearful odour, which he was breathing day and night, and the secretion from which, with accompanying gumboils, he was constantly swallowing. I advised the removal of the teeth for the complete hygienic restoration of the mouth and I was not disappointed by the result which followed. The diseased teeth having been removed—painlessly under ether—the mouth was restored to a healthy condition, a set of artificial teeth replaced the diseased ones, and satisfactory mastication became possible. Within six months this youth was restored to health. This case is one of countless similar ones. Besides bad teeth we find many other morbid conditions of the mouth, the gums, ill-adjusted and non-removeable false teeth, suppurating alveolar abscesses, often painless, unhealthy conditions of the nasal and pharyngeal mucous membranes, a gross neglect of cleanliness, and so on, which mean, in fine, that the patient is breathing an infective atmosphere and swallowing poisonous secretions. If a lack of fresh air and the presence of sewer-gas and foul air in a dwelling-room are sufficient to poison a patient, what shall we say of such a condition as I described above? I am under the strong impression that this source of bad health is not sufficiently attended to in every-day life and often overlooked and therefore I trespass on your valuable space in calling attention to it. I believe all physicians will agree in my views, but I fear we are not sufficiently energetic in urging them on our patients. Others, younger than I am, may, I believe, with great advantage to the public health, work out the problem to which I now briefly allude.

I am, Sirs, yours faithfully,

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Consulting Physician to the Mater Misericordiae
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pital for Consumption in Ireland.

Dublin, Oct. 24th, 1900.

AN ANOMALOUS SITUATION CREATED BY SECTION 4 OF THE INFECTIOUS DISEASE (PREVENTION) ACT, 1890.

To the Editors of THE LANCET.

SIRS,—I venture to address you on a subject which I think may possess some interest for my brother medical officers of health—viz., the anomalous situation created by Section 4 of the Infectious Disease (Prevention) Act, 1890. This was brought prominently to my notice by an incident which occurred recently in my district. It came to my knowledge that a case of infectious disease (diphtheria) was existent at a dairy just outside the borough boundary. I immediately visited this dairy and upon inquiry I found that milk from it was being supplied in fair quantities to a retail milkseller as well as to private persons resident in this town; in fact, had it not been for my visit